

LED MAR 1 1943

Registration District No. 76

Primary Registration District No. 4140

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Eugene
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Thos. Eliza Jane Buss
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 26 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 5 hr. _____ min.

9. Birthplace Rural Issaquah
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bruce B. Buss
13. Birthplace W. Va. (City, town, or county) (State or foreign country)
14. Maiden name Jane Roberts
15. Birthplace W. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Spaulding

(b) Address Eugene

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 2. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Eugene, Oregon, Mo.

18. (a) Signature of funeral director Russell W. Smith

(b) Address Russell W. Smith, Mo.

19. (a) March 2, 1943 (b) Mrs. F. V. Kallenbach (Dated received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Eugene (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1943 hour 6 minute 58 P. M.

21. I hereby certify that I attended the deceased from Feb 3
1943, to Mar 1, 1943
that I last saw her alive on Mar 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ascending Paralysis Duration 27 days

Due to _____

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) ✓ Means of injury ✓

23. Signature Geo. H. Shirley (M. D. or other)

Address Eugene, Mo. Date signed 3/2/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.